24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

FEC IDENTIFICATION NUMBER ▼

C C00106146

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
Waterfront Strategies

Mailing Address 3050 K Street, NW
Suite 100

City	State	Zip Code
Washington	DC	20007

Purpose of Expenditure
Television Advertising

Category/Type 004

Date of Public Distribution/Dissemination
M M 04 / D D 28 / Y Y Y Y 2014

Amount
183815.00

Transaction ID : 21705914
Date of Disbursement or Obligation
M M / D D / Y Y Y Y

Name of Federal Candidate
Sen. Mark P. Begich

☒ Support
☐ Oppose

Office Sought: ☐ House District: _____
☐ President ☒ Senate State: AK

Calendar Year-To-Date
Per Election for Office Sought
228800.00

Disbursement For: ☒ Primary ☐ General
2014
☐ Other (specify) ▶ _____

Full Name of Payee
Waterfront Strategies

Mailing Address 3050 K Street, NW
Suite 100

City	State	Zip Code
Washington	DC	20007

Purpose of Expenditure
Television Production - Estimate

Category/Type 004

Date of Public Distribution/Dissemination
M M 04 / D D 28 / Y Y Y Y 2014

Amount
16185.00

Transaction ID : 21705916
Date of Disbursement or Obligation
M M / D D / Y Y Y Y

Name of Federal Candidate
Sen. Mark P. Begich

☒ Support
☐ Oppose

Office Sought: ☐ House District: _____
☐ President ☒ Senate State: AK

Calendar Year-To-Date
Per Election for Office Sought
228800.00

Disbursement For: ☒ Primary ☐ General
2014
☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures...▶ 200000.00

(b) SUBTOTAL of Unitemized Independent Expenditures ....▶

(c) TOTAL Independent Expenditures...▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
_____ *[Electronically Filed]*
Signature

Date M M 04 / D D 29 / Y Y Y Y 2014